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ABSTRACT

The development of nursing models can be traced to the inception of nursing as a profession. Florence Nightingale laid the foundation for current nursing practice and differentiated nursing from medicine. The late 19th and early 20th centuries contributed a number of important nurse theorists, better known for other contributions to the neophyte profession. Clara Weeks-Shaw, Isabel Hampton Robb, Bertha Harmer, Lavinia Dock and Isabel Stewart, and Hester Frederick and Ethel Northam wrote nursing texts as well as described nursing models. Theorists of the post-World War II period defined nursing through theories of interpersonal relationships. They included Hildegard Peplau, Faye Abdellah, and Bertha Harmer and Virginia Henderson. In 1961, Ida Jean Orlando proposed that nurses use all senses in the nursing process. Ernestine Wiedenbach conceptualized nursing as having four components: philosophy, purpose, practice, and art. Myra Estrin Levine used a deductive approach to develop her theory. Joyce Travelbee's was an interactional model. Lydia E. Hall developed a model of three overlapping circles. In 1968, Dorothy Johnson presented a conceptual model for practice. Martha Rogers, Betty Neuman, and Dorothea Orem have for over a decade continued to shape, change, and rethink their work, each moving to a current conceptual model now in use. (YLB)

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The Historical Evolution of Theories and Conceptual Models for Nursing

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The development of nursing models can be traced to the inception of nursing as a profession. Our early leaders inspired the visions that have led to the present discussion of the theoretical basis for practice, education and research. Controversy about which nursing models to use, universal acceptance of a paradigm for nursing, existence of a metaparadigm, and paradigm variations is a sign of the maturation.

Theorists were chosen for this research based on their contributions to the evolution of the profession. Some of their theories are the basis for conceptual models that later evolved. Many of the works do not meet the criteria for the metaparadigm proposed by Fawcett (1984), as they do not address the four central concepts of the discipline. These theorists have been included, however, for without their pioneer work , the present evolution of models would not have been possible.

Among the models that we have most consistently borrowed from or adopted over the past 130 years is the medical model. In 1893, Lavinia Dock wrote that one of the problems in the relations between training schools and hospitals was "the failure to separate clearly the medical and nursing provinces" (Dock, 1949, p. 15). Nearly a century later, we are still struggling to clarify our identity apart from medicine.

Florence Nightingale laid the foundation for current nursing practice; thus, it is appropriate that we begin with her in our examination of the gestation of nursing theory. To Florence Nightingale, we owe not only our origins as a profession, but also the inception of a theoretical model for practice. In Notes on Nursing , she addressed the four central concepts: person, environment, health and nursing. She defined nursing by using descriptions of nursing roles and activities that go beyond the common image of her time: Sairy Gamp of Dickens' Martin Chuzzlewit. (Nightingale, 1860, pp. 8-12) She described disease, the characteristics of wellness and illness, and wrote extensively about the importance of environment. She also differentiated nursing from medicine and described the relationship between the two.

The late 19th and early 20th centuries contributed a number of important nurse theorists, although they were better known for other contributions to the neophyte profession. Clara Weeks-Shaw is best remembered as the author of the first nursing text written by a nurse, published in 1883 and entitled A Textbook of Nursing. The only texts prior to her work in which nurses had any role were two manuals produced by schools of nursing, co-authored by physicians and nurses, and designed for

the already trained practitioner. Her conceptualization of nursing is very similar to that of Nightingale. She wrote also of the nurse-patient relationship, of nursing functions designed to keep the patient in a state most favorable for reparation, and introduced the symbolic terminology "the maternity of nursing" to describe the helper-dependent relationship between nurse and patient. Her definition of health is "perfect circulation of pure blood in a sound organism" (1888, p. 13). Disease is any departure from this condition.

In 1913, the sixth edition of Isabel Hampton Robb's text, Nursing: Its Principles and Practice, was published posthumously, her untimely death having occurred in 1910. (1st ed. 1893) She emphasized the environment: fresh air, temperature, and the conditions of the linens. (p. 60) The attention given to a patient depends upon his or her condition. She lists both the practical work and the lectures necessary to nursing. In her book, Educational Standards for Nurses (1907), she states: "It is to be borne in mind that the duties of a nurse by no means cease when the crisis of an illness is past." (p. 40) Thus, she had a vision for nursing beyond the care of ill persons.

Bertha Harmer wrote her Text-Book of the Principles and Practice of Nursing in 1922. The aims of this book were to base nursing as an art on a

foundation of science and principles, to correlate nursing theory with practice, and to differentiate between principles and techniques of nursing and demonstrate their relationship. She develops the theme of dependency of the patient on the nurse. Harmer also was the author, in 1926, of the first text for nurse educators, Methods and Principles of Teaching the Principles and Practice of Nursing. In this work, she described nursing care as sympathetic, intelligent, and skilled. (p.3) She conceptualized nursing as one angle of a triangle with medicine and the sciences as the other two. She also described the use of the scientific method in nursing, a precursor to the introduction of nursing process.

Lavinia Dock and Isabel Stewart, whose first edition was published in 1920, include a model for nursing in their history of nursing text. Their model, pictured in a two dimensional figure, includes three components of nursing: science, spirit and art. They described four roles for nursing: preventive, educational, curative, and alleviating, and they defined the recipients of nursing service as the individual, family, and the community. (1938, p. 356)

Hester Frederick and Ethel Northam in 1938, using the Nightingale framework, expanded the scope of nursing to include families of patients in their Textbook of Nursing Practice, second edition. They also described

the recipients of nursing services as care agents and focused nursing activities on the promotion of the care agent. "Nursing is an art and has its foundation in the spirit of service. It calls for high ideals, a liberal education, and a cultural background in order to meet the demands of changing situations." (p.3) Frederick and Northam go on to describe nursing as providing expert physical care to the sick, helping patients to adjust to situations, teaching patients, and others to care for themselves, helping to prevent illness, and helping patients to use available resources. (p. 3)

With the founding of the postgraduate course at Teacher's College, Columbia University, in 1899, the baccalaureate program at the University of Minnesota in 1909, and many other examples of collegiate education in nursing, there began a philosophical shift toward more theoretical and academically oriented programs. Following World War II, the number of collegiate schools increased dramatically, so by 1951, 9184 persons were enrolled in 195 schools of nursing with college or university affiliation leading to a baccalaureate degree (Gilkey, 1953, pp. 101-103)

One of the first theorists of this post war period is Hildegard Peplau. In 1952, she attempted to define nursing through the use of theories of interpersonal relationship in her book Interpersonal Relations in Nursing. She describes the phases of the nurse-patient relationship and the various

roles the nurse might assume in relating to patients. She uses developmental theory to assess interactional processes from the perspective of developmental tasks.

Faye Abdellah and colleagues, Beland, Martin, and Mathenye, in 1960 listed 21 nursing problems, later converted to statements of goals for nursing in Patient-Centered Approaches to Nursing. They describe nursing and its components in an attempt to promote comprehensive nursing care that is client-centered. The definition of health they use is more implicit than explicit and the theories are nursing centered rather than descriptive of the role of the client. The focus on the patient shifts to focus on the patient's problems and at times it is difficult to discern between patient and nursing problems. Stevens asserts that Abdellah has probably had a greater effect on the development of curriculums than any other nursing theorist. (1979)

In the fourth edition of Harmer and Henderson's Textbook of the Principles and Practice of Nursing, the authors described nursing as "that service to the individual that helps him to attain or maintain a healthy state of mind or body, or, where a return to health is not possible, the relief of pain and discomfort" (1939, p. 1) They went on to state that the essentials of health are in the environment. The settings for nursing

include the sick room, hospital, clinic, schools, and home. Health is defined as the absence of disease, "that margin of mental and physical vigor that allows a person to work most effectively and to reach the highest level of satisfaction of which he is capable." (p. 17)

Virginia Henderson's conceptualization of nursing is also based on theories of interpersonal relationships. Her major contribution to nursing is a concise definition of nursing and the introduction of the terms basic nursing care and independent nursing practice. She conceptualizes the patient as a health-care agent and nursing as "complementing the patient by supplying what he needs" (1966, p. 21). "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge--and to do this in such as way as to help him to gain independence as rapidly as possible" (p. 15). She describes the nurse as legally an independent practitioner. Health is defined as completeness--wholeness of mind and body. Henderson's work provides a basis for Orem's later development of the self-care concept, as did the work of Frederick and Northam on care agency (1938).

Ida Jean Orlando in 1961 published a book entitled The Dynamic

Nurse-Patient Relationship in which she describes practices she considers basic to nursing: observation, reporting, recording, and actions carried out with or for the patient. She describes the nurse-patient relationship, the purpose of nursing activities, the roles that patients assume, and measures of health. She also identifies the need for a conceptual framework to provide "definition for the purpose and practice of professional nursing" (p. 8) According to Orlando, the nursing process is unique, and what the nurse uses in the nursing process is all her or his senses, perceptions of patient behavior, thoughts, feelings, and the client's actions. "The nurse perceives, thinks, feels, and acts according to the way she experiences her own participation in the nurse-patient situation. "(p. 54)

Another early nurse theorist is Ernestine Wiedenbach whose work defines both the roles of the nurse and those of recipients of care, the latter of whom are involved in overcoming obstacles and are experiencing the need for help. Wiedenbach views people as functional beings with the intrinsic ability to cope. Nursing is "a deliberate blending of thoughts, feelings, and overt actions." (19[illegible]. 11) The nurse's responsibility is "the patient's perception of his condition." (p. 12) Nursing has four components: philosophy, purpose, practice, and art. Four components of

this art are: identification, ministration, validation, and coordination. She includes diagrams of her model in her books. She also wrote a book on clinical teaching in which she develops a model for this process. (1969)

In 1965, Myra Estrin Levine presented a paper at a regional American Nurses' Association conference in which she described her theory of nursing. In developing her theory, she used a deductive approach by synthesizing theories from the sciences and humanities. In her model, the patient is viewed as being in the predicament of illness. She describes the importance of individualization of the patient and his or her care. Nursing, according to Levine, shall be based on principles and not rules or procedures. The client's environment includes the nursing received, and nursing generates from recognition of the organismic manifestation of patient's adaptation to illness. The nursing process evaluates intervention, which may be therapeutic or supportive.

In 1969, Joyce Travelbee published her first book, addressing the role of the nurse, beliefs about health, the recipient of nursing, and the nursing setting. Hers is an interactional model, based on ideas from Peplau and Viktor Frankl. Her untimely death in 1973 cut short her contributions to theory development.

Lydia E. Hall implemented her ideas about nursing theory in the Loeb

Center for Nursing and Rehabilitation of Montfiore Hospital and Medical Center in the Bronx. She enumerated three aspects of the person as patient: the person, the body, and the disease. She conceptualized nursing as having three aspects as well: core (based on the social sciences and therapeutic use of self); care (based on the natural and biological sciences--intimate body care aspects); and cure (based on the pathological and therapeutic sciences--seeing family and patient through medical care). (1964) Hall based her conceptual model on several theorists: Harry Stack Sullivan, John Dewey, Hans Selye, and Carl Rogers. She believed that the power to heal lies within the person and that nursing helps to tap that power. Her model is three overlapping circles. (Wiggins, 1980, pp. 10-12) Her death cut short publication of much of her fine work.

From an historical perspective, 1968 was a landmark year in the evolution of nursing theory and conceptual models. In that year, Dorothy Johnson presented her paper at Vanderbilt on a conceptual model for practice, the Dickoff and James paper on nursing theory was published in Nursing Research, the Nursing Development Conference Group was founded, and the Roy model was first used in a baccalaureate curriculum.

In 1970, Martha Rogers' treatise on the theoretical basis of nursing was published. Along with Imogene King (1971), Sr. Callista Roy (1974),

Betty Neuman (1971) and Dorothea Orem (1971), as well as Peplau, Levine, and Johnson, she represents both historical and current work in the evolutionary path of theories and conceptual models. Each of these persons has over a decade or two or three, continued to shape, change, and rethink her work, each moving from the early stages of theory development to a conceptual model now in use in practice, research, and education, subjected to the rigors of critique by scholars and practitioners alike. Joined by colleagues in this decade, the work of theory building and testing goes on, as does the important work of analysis and evaluation of models undertaken by still others.

It would be difficult, in fact, to list all current nurse theorists, because many are still formulating their ideas and have not yet published or have published as work in progress. The recent increase of interest in the development of theories is indicative of the developmental stage we have reached. Whether we are in the preparadigm phase, as some would suggest, or at the stage of refinement of the metaparadigm, we are grappling with issues that will affect our existence during the next decades. Our theoretical heritage attests to the strength within the profession and our ability to cope with crisis. Our development of conceptual models for practice may well be essential to assure us a place as colleagues on the professional health care team.

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